



Town of North Stonington
Planning and Zoning Commission

Application for Site Plan Approval

Application Number:

Receipt Date:

Applicant Information:

Name:

Mailing Address:

Contact Info:

Phone: Fax: E-mail:

Owner of Record:

Name:

Mailing Address:

Contact Info:

Phone: Fax: E-mail:

Project Leader*

Name:

Mailing Address:

Contact Info:

Phone: Fax: E-mail:

Property Location:

Assessor Parcel Information:

Map:

Lot:

Zoning District Of Property:

R40 - R60 - R80 - C - HC - I - OR

Restrictive Overlay Area:

N/A - VP - AP - SU

Table of Use Section of the Zoning Regulations:

Residential - Community Facility - Commercial - Agricultural - Industrial

Specific Use as Listed in the Table of Use:

Detail of Use Requested:

The applicant and property owner above are applying for a Site Plan Approval as specified above and in accordance with the Zoning Regulations of the Town of North Stonington.

Date

Signature (Applicant)

Date

Signature (Property Owner of Record)

*The Project Leader is the primary contact for the town.